(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR	₩age DC	140	002	(Mo	d. 3)				ADDRESS		ld Washingto	n Road						
Atlantic Refinishing & Restoration, I	nc.	Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G							AND LOCAT					PROJEC	CT OR CONTE	RACT NO.	
131.1		04/01/2018								Herbert I Washing		uilding Moder	nization- l	Phase 4		G14.1	64/GS11P	06MKC0030)
(1)	(2)	(3)	占		(-	4) DAY A	ND DA	ATE		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax 2) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS		5	MON	TUE	WED TH	IU FR	RI SA	TSUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	FOLI	WORK	ST, OT	26	27	28 29	9 30	31	1 1			GROSS		WITH-	I	I	I		PAID
Identification Number OF EMPLOYEE	NO.0	CLASSIFICATION	ľ		HOUR	S WORKI	ED EA	CH D	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D		0		0	1	0 0		0.00 0.00	1	-				1) 0.00	D	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	1 /	88.04	84.00	100.80	20.59	2) 0.00	407.00	1012.97
(b) (6)			s	8.00	8.00	8.00 8.0	0 8.0	0	0 0	40.00	25.78 9.72	1420.00					3) 113.00	'	992679
Other Deduction Detail: Simple IRA	: 113.60									ı	1	,						-1	
(b) (6) (b) (6) Other Paduction Details Health & D	0	Tile Setter		7.00	0 8.00		0 0 8.0	0	0 0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		71.73	146.00	54.00	16.78	1) 0.00 2) 0.00 3) 285.69	574.00	799.80 992580
Other Deduction Detail: Health & De	entai insura	ance: 216.99, Simple IR	A: 6	8.70															
(b) (6)		Terrazzo Finisher	D	0	0	0	0	О	0 0	0.00	0.00 0.00	576.00					1) 0.00	1	
	3		0	0	0	0	0	0	0 0	0.00	0.00 0.00		131.10	142.00	131.75	30.66	2) 0.00 3) 169.15	00400	1509.74
(b) (6)			s	9.00	9.00	0	0	0	0 0	18.00	32.00 0.00	2114.40					3) 103.10	<u>'</u>	992600
Other Deduction Detail: Simple IRA	: 169.15																		
(b) (6)		Point/Caulk/Clean	D	0	О	О	0	о	0 0	0.00	0.00 0.00	704.00		I			1) 0.00)	
	3		0	0	0	0	0	0	0 0	0.00	0.00 0.00	-	131.10	142.00	131.75	30.66	2) 0.00	60466	1509.74
(b) (6)			S		0	10.00 10.0	0 2.0	0 0	0 0	22.00	32.00 0.00	-					3) 169.15	'	992600
Other Deduction Detail: Simple IRA	160 15	1									1	<i>y</i>					1		1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR	✓ Wage DC	140	002 (Μοι	d. 3)			1	ADDRESS	2320 Old	d Washingto	n Road						
Atlantic Refinishing & Restoration, I		Det:		(o,						MD 20601							
PAYROLL NO.		FOR WEEK EN	IDING	3					1.	PROJECT	AND LOCAT	ION				PROJEC	T OR CONTR	RACT NO.	
131.1		04/01/2018								⊣erbert ⊦ Nashingt		ilding Moder	nization- I	Phase 4		G14.16	64/GS11P0	06MKC0030)
(1)	(2)	(3)	TO		(4	1) DAY AI	ND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING		9	MON	TUE	WED TH	U FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	PTICE NEATHER	WORK	ST, OT	26	27	28 29	30	31	1			GROSS		WITH-	1	I	1	Τ	PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	"	Н	OURS	S WORKE	D EAG	CH DA	Υ	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Point/Caulk/Clean	D	О	0	0	0 0	0	0	0.00	0.00 0.00	576.00					1) 0.00	1	
	1		0	0	0	0	0 0	0	0	0.00	0.00 0.00		106.58	150.00	120.51	24.92	2) 0.00 3) 103.14		1213.89
(b) (6)			s	0	0	10.00 10.0	0 4.00	0	0	24.00	24.00 0.00	1719.04					3) 103.14		992601
Other Deduction Detail: Simple IRA	: 103.14											1							
(b) (6) Other Deduction Detail: Simple IRA	1	Terrazzo Finisher	D O S	0	0 8.00	0	0 0	0	0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 20.98 8.81	476.64 1719.04	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	505.45	1213.89 992601
Other Deduction Detail. Simple IKA	. 103.14																		
(b) (6)		Laborer:	D	О	0	О	0 0	0	0	0.00	0.00 0.00	150.00					1) 0.00	1	
	0	Common/General	0	0	0	0	0 0	0	0	0.00	0.00 0.00		63.55	121.00	74.45	14.87	2) 0.00 3) 50.00	20207	701.13
(b) (6)			s	1.50	0	4.50	0 0	0	0	6.00	25.00 0.00	1025.00					3) 30.00		992604
Other Deduction Detail: Simple IRA	: 50.00						_					-				•			•
(b) (C)	1 1	Laborer:	l _D	ا ا	اء	ا	ا ،		ا ا	0.00	ı	l .== == 1		ı	ı	I	1) 0.00	v I	I
(D) (O)		Common/General	0	0	U		0 0	0 0			0.00 0.00	152.00	07.44	445.00	54.00	45.70	2) 0.00		004.40
(Interior			s		0		0 0			0.00	0.00 0.00	1083.00	67.14	145.00	54.00	15.70	3) 0.00	281.84	801.16
(D) (O)			٦	8.00	۷	ا ان	ا ا	Ί "	ا ۱	8.00	19.00 0.00	1003.00							992611

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	ACTOR	R ✓ Wage DC	1110	1002	/N/o	v4 3)				Т.	ADDRESS	2320 01	d Washingto	n Road						
_		Det:	,140	0002	(IVIC	Ju. 3)				'	ADDITEGO		, MD 20601	ii Noau						
Atlantic Refinishing & Restoration, Inc.																				
PAYROLL NO.		FOR WEEK EN		G								AND LOCAT	ION ilding Moder	nization. I	Dhaca 1			T OR CONTE		
131.1		04/01/2018	3								Nashingt		liding Model	ilization- i	11036 4		G14.16	64/GS11P	06MKC0030	1
(1)	(2)	(3)	T_		((4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	SNS		o o	MON	TUE	WED 1	ГНИ	FRI	SAT	SUN				DE	DUCTIONS			2) Local Tax 3) Other De		NET
NAME, ADDRESS, AND	F T S T S T S T S T S T S T S T S T S T	WORK	ST, OT	26	27	28	29	30	31	1			GROSS		WITH-			I		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	"		IOUR	RS WOR	KED	EACH	I DAY	,	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	//					1) 0.00	I	
	3		o	0	0	0	0	0	0	0	0.00	0.00 0.00	/	88.18	102.00	91.36	20.62	2) 0.00 3) 132.41	101 57	1020.11
(b) (6)			s	0	0	0 8	3.00	0	0	0	8.00	33.58 15.13	1454.68					3) 132.41		992613
Other Deduction Detail: Health & Denta	l Insur	ance: 32.41. Advance: 5	50.0	11 0. Sim	nple	IRA: 50	0.00					l	<i>Y</i>							
(b) (6) Other Deduction Detail: Health & Denta	3	Tile Setter ance: 32.41, Advance:		0 8.00		0 0 6.00 IRA: 50		0 0 8.00	0 0 0	0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 25.78 9.72		88.18	102.00	91.36	20.62	1) 0.00 2) 0.00 3) 132.41	434.57	1020.11 992613
(b) (6)	0	Laborer: Common/General	D 0 8	0	0 8.00	0 0 0 3.00 8	0 0 3.00	0 8.00	0 0	0 0	0.00 0.00 35.00	0.00 0.00 0.00 0.00 22.00 0.00	/	53.11	95.00	42.80	12.42	1) 0.00 2) 0.00 3) 32.41	005.74	653.26 992621
Other Deduction Detail: Health & Denta	l Insur	ance: 32.41																		
(b) (6)	4	Tile Setter	D 0 8	0	0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 25.78 9.72		100.65	113.00	99.99	23.54	1) 0.00 2) 0.00 3) 81.17	140.05	1205.14 992622
Other Deduction Detail: Simple IRA: 81	17																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOR	R ✓ Wage DC	140	0002	(Mod	1. 3)					ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			(0,							, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR CONT	RACT NO.	
131.1		04/01/2018									∃erbert F Vashingt		ilding Moder	nization- F	Phase 4		G14.16	64/GS11P	06MKC0030	ı
(1)	(2)	(3)	70		(4) DAY	' AND	DATE	E		(5)	(6)	(7)	55	(8)	* Other	Deductions	- 1) Local Ta		(9)
	DING		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	26	27	28	29	30	31	1	TOT41	5.475	GROSS		WITH-				T	PAID FOR WEEK
OF EMPLOYEE	S M	CLASSII ICATION			OURS	WOF	RKED	EACH	H DAY	,	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Marble: Stone Mason	D	0	0	0	0	o	0	0	0.00	0.00 0.00	925.49				ĺ	1) 0.00	I	
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00		100.65	113.00	99.99	23.54	2) 0.00 3) 81.17	440.05	1205.14
(b) (6)			s	0	0	3.00	8.00	8.00	0	0	19.00	33.58 15.13	1623.49					, , ,		992622
Other Deduction Detail: Simple IRA: 81	.17	•											,		•			•		
(b) (6) Other Deduction Detail: Simple IRA: 90	5	Tile Setter	D O S		0 0 4.50	0 0 4.00	0 0	0 0	0 0	0 0	0.00 0.00 13.50	0.00 0.00 0.00 0.00 25.78 9.72		112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.4) 404.70	1346.38 992623
(b) (6)	5	Laborer: Common/General	D 0 S		0 0	0 0	0 0	0 0	0 0	0 0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 30.00 0.00		112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.4) 464.70	1346.38 992623
Other Deduction Detail: Simple IRA: 90	.41																			
(1)	ı	h	1_	1 1	1	1	ı	1	ı	ı		ı	. 4		ı	ı	ı	la) 0.00		1
(D) (b)	_	Marble: Stone Mason	D		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1					1) 0.00		
	5		0		0	0	0	0	0	0	0.00	0.00 0.00	/	112.11	124.00	109.04	26.22	3) 90.4		1346.38
(b) (6)			S	0	0	3.00	8.00	2.00	0	0	13.00	33.58 15.13	1808.16							992623
Other Deduction Detail: Simple IRA: 90	41																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	ic Refinishing & Restoration, Inc.											d Washingto MD 20601	n Road						
PAYROLL NO. 131.1		FOR WEEK EN 04/01/2018	DING	3					H			ion ilding Moder	nization- f	Phase 4			T OR CONT 4/GS11P	RACT NO. 06MKC0030)
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	6	MON TU			FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,		JRS W					TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
(b) (6)		Point/Caulk/Clean	D O S	0	0 0	0 0 0 0 0 10.00	0	0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 21.00 0.00	/	96.08	195.00	101.97	22.47	1) 0.00 2) 0.00 3) 77.4	102.01	1056.71 992645
Other Deduction Detail: Simple IRA: 77		Terrazzo Finisher	Д	ol	0 (ol o		0	 o	0.00	0.00 0.00	238.32		1	1		1) 0.00))	
(b) (6)	2		0 S	0 8.0	0 (0 0		0		0.00	0.00 0.00 20.98 8.81	1549.72	96.08	195.00	101.97	22.47	2) 0.00 3) 77.45	102 04	1056.71 992645
Other Deduction Detail: Simple IRA: 77	.49																		
(b) (6) Other Deduction Detail: Health & Dentail	1	Laborer: Common/General	\perp	8.00 8.	0 0	0 0 0 0 0 0 0 0 0 8.00	1	0 0	0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 22.00 0.00	836.00 836.00	49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.99	254.40	581.60 992651

Date April 5th, 2018	(b) WHERE	FRINGE BENEFITS ARE PA	ID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	(b) WHERE	- Each laborer or mechanic	listed in the above referenced payroll has been paid, as namount not less than the sum of the applicable basic
do hereby state: (1) That I pay or supervise the payment of the persons employed by		hourly wage rate plus the a contract, except as noted i	amount of the required fringe benefits as listed in the
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor) Herbert Hoover Building Modernization— Phase 4 (Building or Work) on the (Contractor)	(c) EXCEPT	IONS	
26th day of March , 2018 , and ending the 1st day of April , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS1	1P06MKC0030, Wage Decis wrong tax amount for an e	ion #DC140002 Mod 3 04/11/14,Revised Payroll mployee.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:	Payroll Supervisor	SIGNATURE: Signed Electronically
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FAI	LSIFICATION OF ANY OF THE A	ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR ION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR	✓ Wage DC	140	002	(Mo	d. 3)				ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, I	nc.	Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	3							AND LOCAT					PROJEC	CT OR CONTI	RACT NO.	
131.0		04/01/2018								Herbert H Washing		ıilding Moder	nization- l	Phase 4		G14.1	64/GS11P	06MKC0030)
(1)	(2)	(3)	占		(4	4) DAY AI	ND DA	ATE		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax 2) Local Tax		(9)
	NO. OF WITHHOLDING EXEMPTIONS		5	MON	TUE	WED TH	U FR	SAT	TSUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	JF HOLI	WORK	ST, OT	26	27	28 29	30	31	1			GROSS		WITH-	I	I	T	T	PAID
Identification Number OF EMPLOYEE	NO. C	CLASSIFICATION	"	H	HOUR:	S WORKE	ED EA	.CH D	AY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0 0	0 0	0 0	0.00	0.00 0.00	1					1) 0.00	1	
	4		0	0	0	0	0 (0 (0 0	0.00	0.00 0.00	1 / 1	88.04	84.00	100.80	20.59	2) 0.00 3) 113.60	407.00	1012.97
(b) (6)			S	8.00	8.00	8.00 8.0	0 8.00	0 0	0 0	40.00	25.78 9.72	1420.00					3) 110.00		992679
Other Deduction Detail: Simple IRA	: 113.60																		
(b) (6) Other Deduction Detail: Health & De	0	Tile Setter		7.00	0 8.00		0 (0		0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 25.78 9.72		71.73	146.00	54.00	16.78	1) 0.00 2) 0.00 3) 285.69	574.00	799.80 992580
Other Deduction Detail. Health & Di	eniai insura	ince. 216.99, Simple in	A. 0	6.70															
(b) (6)	3	Terrazzo Finisher	D 0 s	\vdash	0 0 9.00	0	0 0	0 (0 0	0.00 0.00 18.00	0.00 0.00 0.00 0.00 32.00 0.00		131.10	142.00	131.75	30.66	1) 0.00 2) 0.00 3) 169.15	004.00	1509.74 992600
Other Deduction Detail: Simple IRA	: 169.15																		
(b) (6)		Point/Caulk/Clean	D	0	0	0	0 0	o o	0 0	0.00	0.00 0.00	704.00					1) 0.00		
	3		0	0	0	0	0 (0 (0 0	0.00	0.00 0.00] /	131.10	142.00	131.75	30.66	2) 0.00 3) 169.15	60466	1509.74
(b) (6)			S	0	0	10.00 10.0	0 2.00	0	0	22.00	32.00 0.00	2114.40					,		992600
Other Deduction Detail: Simple IRA	. 160 15											- '		-					-

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		Wage DC1 Det:	140	002 (Mod. 3)				ADE	DRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 131.0		FOR WEEK ENI 04/01/2018	DINC	G					Her	bert H	AND LOCATI loover Bui on, DC	on ilding Moder	nization- F	Phase 4		''	T OR CONTE	RACT NO. 06MKC0030	·
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	OT or DT		(4) DAY	THU	FRI	SAT SI	_	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME. ADDRESS, AND Identification Number OF EMPLOYEE		CLASSIFICATION	ST,		27 28 DURS WOF	29 RKED			1 - 1 H	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	1	Point/Caulk/Clean	D 0 8	0	0 0 0 0 0 10.00 1	0 0.00	0	0 0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 24.00 0.00	576.00	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	E0E 4E	1213.89 992601
(b) (6)	1	Terrazzo Finisher	D 0 8	0	0 0 0 0 8.00 0	0 0	0	0 0	0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 20.98 8.81	476.64 1719.04	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	E0E 1E	1213.89 992601
Other Deduction Detail: Simple IRA: 10)3.14																		
(b) (6)	0	Laborer: Common/General	О S		0 0 0 0 0 0 4.50	0 0		0 0	0	0.00 0.00 6.00	0.00 0.00 0.00 0.00 25.00 0.00	150.00	63.55	121.00	74.45	14.87	1) 0.00 2) 0.00 3) 50.00	222.07	701.13 992604
Other Deduction Detail: Simple IRA: 50	0.00								•										
(b) (6)	0	Laborer: Common/General	О S		0 0 0 0 0 0	0 0	0	0 0	0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 19.00 0.00	152.00	67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00	204.04	801.16 992611

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTOF	R ✓ Wage DC	140	002	(Mo	d. 3)				Τ,	ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	·						Waldorf,	MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G							PROJECT /	AND LOCAT	ION ilding Moder	nization [Dhoon 4		PROJEC	T OR CONTE	RACT NO.	
131.0		04/01/2018									Nashingt		liding woder	mzauom- r	-11a5e 4		G14.16	64/GS11P	06MKC0030	1
(1)	(2)	(3)	F		(-	4) DAY	AND	DATE	E		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	LDING		OT or I			WED								DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, 0		27				31	_	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK/
OF EMPLOYEE	N S S M		+		IOUR	S WOF	RKED	EACH	H DAY	_	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1) 0.00	DEDUCTIONS	Check No.
(b) (b)	3	Marble: Stone Mason	0		0	0	0	0	0	0	0.00	0.00 0.00	/	07.44	445.00	5400	45.70	1) 0.00 2) 0.00)	004.40
To a second	3		s		0	0		0		0	0.00	0.00 0.00	/	67.14	145.00	54.00	15.70	3) 0.00	281.84	801.16
(b) (6)				0	0	0	8.00	0	0	0	8.00	33.58 15.13	1083.00							992613
(b) (6)	3	Tile Setter	D O S		0 8.00	0 0 6.00	0 0	0 0 8.00	0 0	0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 25.78 9.72		67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00)	801.16 992613
(b) (6)	0	Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 3.00	0 8.00	0 8.00	0 0	0 0	0.00 0.00 35.00	0.00 0.00 0.00 0.00 22.00 0.00	/	53.11	95.00	42.80	12.42	1) 0.00 2) 0.00 3) 32.41	005.74	653.26 992621
Other Deduction Detail: Health & Denta	l Insur	ance: 32.41																		
(b) (6)	4	Tile Setter	D 0 8		0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 25.78 9.72		100.65	113.00	99.99	23.54	1) 0.00 2) 0.00 3) 81.17	140.05	1205.14 992622
Other Deduction Detail: Simple IRA: 81	17	I .		ш								· .	<i>y</i>					1		1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOR	R ✓ Wage DC	140	0002	(Mod	1. 3)					ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			(0,							, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR CONT	RACT NO.	
131.0		04/01/2018									∃erbert ⊢ Vashingt		ilding Moder	nization- I	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	70		(4) DAY	' AND	DATE	E		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta		(9)
	DING		OT or		TUE									DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	26	27	28	29	30	31	1	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK/
OF EMPLOYEE	8 2 2		_	Н	IOURS	WOF	RKED	EACH	H DAY	_	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
(b) (6)		Marble: Stone Mason	D		0	0	0	0	0	0	0.00	0.00 0.00	/					1) 0.00)	
	4		0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	100.65	113.00	99.99	23.54	3) 81.1	440.05	1205.14
(b) (6)			S	0	0	3.00	8.00	8.00	0	0	19.00	33.58 15.13	1623.49							992622
Other Deduction Detail: Simple IRA: 81	.17											,								
Other Deduction Detail: Simple IRA: 90	5	Tile Setter	O S		0 0 4.50	0 0 4.00	0 0	0 0	0 0	0 0	0.00 0.00 13.50	0.00 0.00 0.00 0.00 25.78 9.72		112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.4) 404.70	1346.38 992623
(b) (6)	5	Laborer: Common/General	D 0 8		0 0	0 0	0 0	0 0	0 0	0 0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 30.00 0.00		112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.4) 464.70	1346.38 992623
Other Deduction Detail: Simple IRA: 90	.41	•																		
	ı	Marble: Stone Mason	l _D	اه ا	اه	اہ	اه	اه	اء	اه	0.00	l	l ann an 1		I	I	I	1) 0.00	nl	1
(D) (O)	_	iviaible. Stolle iviasoll	D		0	U	0	0	0	0	0.00	0.00 0.00	1 / 1					2) 0.00		
	5		0		0	0	0	0	0	0	0.00	0.00 0.00	/	112.11	124.00	109.04	26.22	3) 90.4		1346.38
(b) (6)			S	0	0	3.00	8.00	2.00	0	0	13.00	33.58 15.13	1808.16							992623
Other Deduction Detail: Simple IRA: 90	41																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	CTOR [Wage DC ² Det:	140	0002	(Mod	d. 3)					ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 131.0		FOR WEEK EN 04/01/2018	DIN	G							PROJECT A Herbert H Washingt		ilding Moder	nization- F	Phase 4		PROJECT G14.16			ACT NO. 6MKC0030	
(1) NAME. ADDRESS. AND	EXEMPTIONS (5)	(3) WORK	b	MON 26	`			FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	ocal Tax ocal Tax : ther Ded	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	WITHH	CLASSIFICATION	ST,						31 H DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	ΓHER*	TOTAL DEDUCTIONS	FOR WEEK
(b) (6)		oint/Caulk/Clean	D 0 S	0	0	0 0 10.00	0 0 10.00	0 0 4.00	0 0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 21.00 0.00		96.08	195.00	101.97	22.47	1) 2) 3)	0.00 0.00 77.49	493.01	1056.71 992645
Other Deduction Detail: Simple IRA: 77.4 (b) (6)		errazzo Finisher	D 0 8	0	0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 20.98 8.81	1 / 1	96.08	195.00	101.97	22.47	1) 2) 3)	0.00 0.00 77.49	493.01	1056.71 992645
Other Deduction Detail: Simple IRA: 77.4	La	aborer: ommon/General	0	1 1	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	49.82	68.00	34.00	11.65	1) 2)	0.00	254.40	581.60
(b) (6) Other Deduction Detail: Health & Dental		no. 22 44 Cimple IDA	S	8.00	8.00	6.00	8.00	8.00	0	0	38.00	22.00 0.00	1/ 1		33.13	33		3)	90.93		992651

Date April 5th, 2018	/b) \/// IEDE	FRINCE RENEETS ARE DAID	A IN CASH
I, (b) (6) Payroll Supervisor	,	FRINGE BENEFITS ARE PAID	
(Name of Signatory Party) (Title)	✓		sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the an	nount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPT	contract, except as noted in	Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(C) EXCEP	HONS	
Herbert Hoover Building Modernization- Phase 4 (Building or Work) 26th day of March , 2018 , and ending the 1st day of April , 2018			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS1	11P06MKC0030, Wage Decisio	n #DC140002 Mod 3 04/11/14,Payroll #131
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		R TO CIVIL OR CRIMINAL PROSECUTION	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	TRACTOR	R ✓ Wage DC	140	0002	(Mod	3)			I	ADDRESS	2320 O	ld Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:	1 10	7002	(14100	. 0)						f, MD 20601	ii i todd						
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCA					PROJEC	CT OR CONTR	RACT NO.	
130.0		03/25/2018								Herbert Washing		uilding Mode	rnization- l	Phase 4		G14.10	64/GS11P0	06MKC0030)
(1)	(2)	(3)	F		(4	DAY	AND I	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	SNS		o.D	MON	TUE	WED T	гни і	FRI S	AT SUI	N			DE	DUCTIONS			Cocal Tax Other Dec		NET
NAME, ADDRESS, AND	1 J J J J J J J J J J J J J J J J J J J	WORK	ST, OT	19	20	21 2	22	23 2	24 25	<u>, </u>		GROSS		WITH-	I	I	1		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	l s		OURS	WOR	KED E	L EACH	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	1 1	0	0	0	0	0	0.00	0.00 0.0		1	1700			1) 0.00		
	4		0	0	0	0	0	0	0	0.00	0.00 0.0	-	83.64	77.00	95.61	19.56	2) 0.00	202 72	965.27
(6) (6)			s		8.00	6.00 8	3.00 8	8.00	0 (38.00	25.78 9.7	 	00.01	77.00	00.01	10.00	3) 107.92	000.70	992436
Other Deduction Detail: Simple IRA: 1	107.02			0.00	0.00	0.00	5.00	0.00	<u> </u>	30.00	25.76 9.7.	1049.00							992430
(b) (6) (b) (6) Other Deduction Detail: Health & Den	0	Bricklayer ance: 216.99, Simple IR		0 8.00	0 8.00	0 0 0 8	0 0 3.00	0 0 0		0 0.00 0 0.00 0 24.00	0.00 0.00 0.00 0.00 28.17 8.00	0	52.04	82.00	37.00	12.17	1) 0.00 2) 0.00 3) 269.81	450.00	603.28 992459
(b) (6) (b) (6)	3	Laborer: Common/General	D 0 S	0	0 8.00	0 0 5.50 8	0 0 8.00 8	0 0 8.00		0.00 0.00 0.37.50	0.00 0.00 0.00 0.00 32.00 0.00	0	79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40	222.24	956.66 992476
Other Deduction Detail: Simple IRA: 1	102.40					•		•				,		•					
(b) (6)		Tile Setter	D	-	0	0	0	0	_	0.00	0.00 0.0	/					1) 0.00 2) 0.00)	
	3		0	\vdash	0	0	0	0		0.00	0.00 0.0	 	81.62	89.00	82.96	19.09	3) 132.41	1 105 00	943.92
(b) (6)			S	8.00	8.00	6.00 8	3.00 8	8.00	0 (38.00	25.78 9.7	1349.00							992489
Other Deduction Detail: Health & Den	tal Insur	ance: 32 41 Advance: 5	50.0	0 Sim	nle IF	RA: 50	00.0												

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOR	R ✓ Wage DC	140	0002	(Mod	d. 3)				ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	,					Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTI	RACT NO.	
130.0		03/25/2018								Washing		uilding Moder	nization- I	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	TO		(4	4) DAY	AND	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta		(9)
	DING		OT or [TUE	WED T							DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	\perp					24 25	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE	8 2 2			1 1	OURS	S WORI	KED I	EACH	DAY	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
(b) (6)		Laborer: Common/General	D	1 1	0	0	0	0	0 0	0.00	0.00 0.00	- / I					1) 0.00	2	
	0		0	1 1	0	0	0	0	0 0	0.00	0.00 0.00	↓ /	49.83	84.00	39.58	11.66	3) 32.4	217.48	618.52
(b) (6)			S	8.00	8.00	6.00 8	3.00	8.00	0 0	38.00	22.00 0.00	836.00							992497
(b) (6) Other Deduction Detail: Simple IRA: 78	.02	Marble: Stone Mason	D 0 8	0	0 0 4.00	0 0 3.00 4	0 0 1.00 !	0 0 5.00	0 0 0	0.00	0.00 0.00 0.00 0.00 33.58 15.13	1560.36	96.75	106.00	95.22	22.62	1) 0.00 2) 0.00 3) 78.02	398.61	1161.75 992498
(b) (6) (b) (6)	4	Tile Setter	D 0 S	0	0 0 4.00	0 3.00 4	0 0 1.00 3	0 0 3.00	0 0	- 0.00	0.00 0.00 0.00 0.00 25.78 9.72		96.75	106.00	95.22	22.62	1) 0.00 2) 0.00 3) 78.02	000.04	1161.75 992498
Other Deduction Detail: Simple IRA: 78	.02		•					•				,							
(b) (6)	5	Tile Setter	D 0 8	0	0 0 4.00	0 0 3.00 4	0 0	0 0	0 0		0.00 0.00 0.00 0.00 25.78 9.72		106.21	113.00	101.86	24.84	1) 0.00 2) 0.00 3) 85.66) 424 57	1281.55 992499
Other Deduction Detail: Simple IRA: 85	66																		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTOF	₩age DC	140	002	(Mod.	. 3)				ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			•	,					Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	3							AND LOCAT		-:ti [Dh 4		PROJEC	T OR CONTR	RACT NO.	
130.0		03/25/2018								Herbert F Nashingt		iilding Moder	nization- i	Phase 4		G14.16	64/GS11P0	06MKC0030	1
(1)	(2)	(3)	F		(4)	DAY AI	ND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING		OT or [TUE	/ED TH							DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	19	20	21 22	2 23	24	25	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE			_		OURS	WORKE	ED EA	CH DA	AY	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	
(b) (6)		Marble: Stone Mason	D		0	0	0 (0 0	0	0.00	0.00 0.00	657.58					1) 0.00	1	
	5		0		0		0 (0 0	0	0.00	0.00 0.00	1 / 1	106.21	113.00	101.86	24.84	3) 85.66	101 57	1281.55
(b) (6)			S	2.50	4.00 3	3.00 4.0	0 0	0	0	13.50	33.58 15.13	1713.12							992499
(b) (6) Other Deduction Detail: Simple IRA: 85.	5	Laborer: Common/General	D O S		0 0	0	0 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0	0.00 0.00 1.00	0.00 0.00 0.00 0.00 30.00 0.00		106.21	113.00	101.86	24.84	1) 0.00 2) 0.00 3) 85.66	404.57	1281.55 992499
(b) (6) (b) (6)	1	Laborer: Common/General	D 0 S	0 0 5.00	0 0 6	0	0 (0	0.00 0.00 11.00	0.00 0.00 0.00 0.00 22.00 0.00		49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.93	054.40	581.60 992525
Other Deduction Detail: Health & Dental			\: 58	.52															
(b) (6) Other Deduction Detail: Health & Dentail	1	Point/Caulk/Clean		3.00	0 8.00	0	0 (0	0 0	0	0.00 0.00 27.00	0.00 0.00 0.00 0.00 22.00 0.00		49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.93	254.40	581.60 992525

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME. ADDRESS, AND Identification Number OF EMPLOYEE O	AME OF CONTRACTOR OR SUBCONTRACTION OR SUBCONTRACTION OR SUBCONTRACTION OF SUBCONTRA	ACTOR	Wage D Det:	DC140	0002	2 (Mc	od. 3))				ADDRESS		d Washingto , MD 20601	n Road						
NAME. ADDRESS. AND Identification Number OF EMPLOYEE O O O O O O O O O					IG						1	Herbert H	loover Bu		rnization- I	Phase 4)
(b) (6) Point/Caulk/Clean D 0 0 0 0 0 0 0 0 0	` '		, ,	5	; _	N TUE	EWED	THU	FRI	SAT		(5)	(6)		DE	. ,	* Othe	r Deductions	2) Local Tax	2	NET WAGES
(b) (6) Point/Caulk/Clean D 0 0 0 0 0 0 0 0 0	Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP		N ST										AMOUNT	FICA	HOLDING	SWH	Medicare	OTHER*		FOR WEEK/
Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 53.68	o) (6)	F	Point/Caulk/Clean	o		0 0	0 0	0	0		0	0.00	0.00 0.00		28.15	10.00	14.00	6.58	2) 0.00	220.40	341.60 992529
1	o) (6)	1 1	Point/Caulk/Clean	D O S		0 0 0 0 0	5.00	0	0	0	0	0.00 5.00	0.00 0.00 26.00 0.00		46.87	41.00	48.18	10.96	2) 0.00	E20 11	311.89 992535
	o) (6)	1 F		D 0		0 0	0 0	0	0	0	0	0.00	0.00 0.00		49.17	55.00	56.01	11.50	2) 0.00	224.60	571.32 992536

Date March 29th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXOLI HONG
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the	
19th day of March , 2018 , and ending the 25th day of March , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Child Support, Child Support Fee, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #130
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	0002	(Mc	od. 3)				ADDRESS	2320	Old	l Washington	n Road						
Atlantic Refinishing & Restoration, Inc		Det:									Waldo	orf,	MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G						PROJECT				.:	21 4		PROJEC	CT OR CONTE	RACT NO.	
129.0		03/18/2018								Washing			lding Moder	nization- i	nase 4		G14.1	64/GS11P	06MKC0030)
(1)	(2)	(3)	FO			(4) DAY A	AND	DATE		(5)	(6)		(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING			MON	TUE	E WED T	ΉU	FRI SA	AT SU	N				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O	12	13	14	15	16 1	7 18	3 TOTAL	RAT	_	GROSS AMOUNT		WITH-			T		PAID FOR WEEK
OF EMPLOYEE	N N N			Н	IOUF	RS WORK	KED	EACH [DAY	HOURS		AY	EARNED	FICA	HOLDING TAX	SWH	Medicare	+	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D		C	0 0	0	0	0	0.00	0.00	0.00	1420.00					1) 0.00		
	4		0		C	0 0	0	0	0	0.00	0.00	0.00		88.04	84.00	100.80	20.59	3) 113.60	407.00	1012.97
(b) (6)			S	8.00	8.00	8.00 8	.00	8.00	0	0 40.00	25.78	9.72	1420.00							992305
Other Deduction Detail: Health & Dent	al Insur	ance: 113.60																		
Other Deduction Detail: Health & Dent	0	anca: 287 71	0 S	\perp	8.00	0 0 8.00 8	.00	8.00	_	0 0.00 0 0.00 0 37.00	0.00 (0.00	1339.40	74.24	154.00	57.00	17.36	2) 0.00 3) 287.71		824.09 992330
Other Deduction Detail. Health & Dent	ai iiisui	ance. 207.71																		
(b) (6)		Laborer:	D	0	O	0 0	0	О	0	0.00	0.00	0.00	75.00					1) 0.00		
	0	Common/General	0	0	C	0 0	0	0	0	0.00	0.00	0.00		74.24	154.00	57.00	17.36	2) 0.00 3) 287.71		824.09
(b) (6)			s	3.00	0	0 0	0	0	0	0 3.00	25.00	0.00	1414.40					, 20		992330
Other Deduction Detail: Health & Dent	al Insur	ance: 287.71					Ţ,	•		•					•	•		•		•
(1) (0)		la a	1_	1 1		1 1			1	1	1	1	1		I	ı	ı	1) 0.00	N.I.	ı
(b) (b)		Laborer: Common/General	D		0	0 0	0	0	-	0.00	-		1472.00					2) 0.00)	
	3		0	\perp		0		4.00	_	0 4.00	48.00	_	/	91.26	71.00	86.53	21.34	3) 117.76	387.89	1084.11
(0) (6)	17.70		5	9.00	9.00	9.00 9	.00	4.00	0	0 40.00	32.00	0.00	/ 1472.00							992350
Other Deduction Detail: Simple IRA: 1	17.76																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	TRACTO	R ✓ Wage DC	140	0002	(Mo	d. 3)				Α	ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.	.	Det:										Waldorf	MD 20601							
PAYROLL NO. 129.0		FOR WEEK EN 03/18/2018		G						F	PROJECT /	AND LOCAT	ION ilding Moder	nization- F	Phase 4			T OR CONT	RACT NO.	
		03/16/2016									Vashingt						G14.10	04/GSTTF		
(1)	(2) 9 o	(3)	r DT	MON		(4) DAY				SLIM	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local Ta	ax 2	(9) NET
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		13						TOTAL	RATE	GROSS		WITH-			3) Other D		WAGES PAID FOR WEEK
OF EMPLOYEE	S ≥ Z	OLAGOII IOATION		Н	IOUR	S WOR	KED	EACH	DAY		HOURS	OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	/				ĺ	1) 0.0	10	
	0		0		0	0	0	0	0	0	0.00	0.00 0.00	/	61.23	113.00	71.47	14.32	3) 50.0	310.02	677.48
(b) (6)			S	8.00	8.00	8.00	0	5.00	0	0	29.00	25.00 0.00	987.50							992354
(b) (6) (b) (6)	0	Laborer: Common/General		8.00	0 0 8.00	0 0 5.50 6	0 0 5.00	0 0	0 0 0	0 0 0	0.00 0.00 27.50	0.00 0.00 0.00 0.00 19.00 0.00	731.50	45.35	76.00	34.00	10.61	1) 0.C 2) 0.C 3) 0.C	165.96	565.54 992361
(b) (6)	0	Laborer: Common/General	D 0 S	0	0 8.00	0 0 8.00 8	0 0 3.00	0 0 5.00	0 0	0 0	0.00 0.00 37.00	0.00 0.00 0.00 0.00 22.00 0.00	/	52.55	93.00	42.22	12.29	1) 0.0 2) 0.0 3) 32.4	0 000 47	647.53 992372
Other Deduction Detail: Health & Den	tal Insur	ance: 32.41																		
(b) (6)	0	Point/Caulk/Clean	D 0 S	0	0	0 0	0 0	0 0 3.00	0 0 0	0 0	0.00 0.00 3.00	0.00 0.00 0.00 0.00 22.00 0.00	66.00	52.55	93.00	42.22	12.29	1) 0.0 2) 0.0 3) 32.4	0 000 47	647.53 992372
Other Deduction Detail: Health & Den	tal Insur	ance: 32.41																		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	TRACTOR	R ✓ Wage DC	140	0002	(Mo	d. 3)				ADDRESS		ld Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.	c .	Det:									Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT		·········	DI: 4		PROJEC	T OR CO	NTRAC	OT NO.	
129.0		03/18/2018								Herbert i Washing		uilding Moder	nization- i	Pnase 4		G14.10	64/GS1	1P06N	MKC0030	
(1)	(2)	(3)	12		(4	4) DAY A	AND I	DATE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local 2) Local			(9)
	DING		5	MON	TUE	WED TI							DE	DUCTIONS			3) Other			NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		13				17 18	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE	<u>₹₹₩</u>		+	1 1	i	S WORK		- 1		HOURS		EARNED	FICA	TAX	SWH	Medicare	OTHE	-	DEDUCTIONS	Check No.
(b) (6)	4	Laborer: Common/General	0		0	0	0	0	0 0	0.00	0.00 0.00	1 7 1					1 '	0.00		
	4				0	0	0	0	0 0	0.00	0.00 0.00	」 / Ⅰ	85.68	85.00	81.75	20.04	3) 69	9.10	341.57	1040.43
Other Deduction Detail: Simple IRA: 6			S	0	0	0	0 4	4.00	0 0	4.00	26.00 0.00	1382.00								992373
Other Deduction Detail: Simple IRA: 6	4 59.10		O S	0	0 8.00	8.00 8.	0 00 4	0	0 0 0	****	0.00 0.00 0.00 0.00 25.78 9.72		85.68	85.00	81.75	20.04	1 '	9.10	341.57	1040.43 992373
(b) (6)	5	Laborer: Common/General	D 0 8		0 0	0 0	0 0	0 0	0 0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 30.00 0.00		104.43	110.00	99.69	24.42	2) 0	0.00 0.00 1.22	422.76	1261.62 992374
Other Deduction Detail: Simple IRA: 8	34.22																			
(b) (6)	I	Tile Setter	lъ	اه ا	اه	ا ا	٥١	ol	0 0	0.00	0.00 0.00	461.50		I	I	I	[1) O	0.00		I
	5		0	0	0	0	0	0	0 0	0.00	0.00 0.00		104.43	110.00	99.69	24.42	2) 0	0.00 1.22	422.76	1261.62
Other Deduction Detail: Simple IRA: 8	1		S	0	5.00	3.00 2.	00 3	3.00	0 0	13.00	25.78 9.72	1684.38								992374
Lither Deduction Detail: Simple IRA: 8	ハラフ																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ONTRACTOR		140	002	(Mod	. 3)				ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, I	lnc.	Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCAT			DI: 4		PROJEC	T OR CONT	RACT NO.	
129.0		03/18/2018								Herbert F Nashing		ilding Moder	nization- i	Phase 4		G14.10	64/GS11F	P06MKC0030)
(1)	(2)	(3)	F		(4)	DAY A	ND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	DING		5	MON	TUE	VED TH	U FR	SAT	SUN				DE	DUCTIONS			3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	12					18	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE			-	-	IOURS	WORKE	1	1	1	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
(b) (6)		Point/Caulk/Clean	D		0	_	0 (0 0		0.00	0.00 0.00	1 / /					1) 0.0	00	
	1		0		0		0 (0 0		0.00	0.00 0.00	/	52.55	73.00	36.00	12.29	3) 94.0	267.85	612.15
(b) (6)			S	8.00	8.00	8.00 8.0	0 8.00	0	0	40.00	22.00 0.00	880.00							992402
Other Deduction Detail: Health & D	1	Point/Caulk/Clean Ince: 108.49, Simple IR.	O S A: 1	0	0 0		0 (0	0 0		0.00 0.00 5.00	0.00 0.00 0.00 0.00 22.00 0.00		3.50	0.00	0.00	0.82	1) 0.0 2) 0.0 3) 121.6	00	38.99 992407
(b) (6) (b) (6)	1	Point/Caulk/Clean	D O S		0 8.00	0	0 (0	0 0	0 0	0.00 0.00 29.00	0.00 0.00 0.00 0.00 26.00 0.00		59.77	66.00	64.71	13.98	1) 0.0 2) 0.0 3) 373.1	00	462.44 992413
Other Deduction Detail: Health & D	ental Insura	nce: 76.02, Child Supp	ort:	245.0	8, Chi	ild Sup	oort F	ee: 2	2.00, S	imple IRA	: 50.00								
(1) (0)	1 1	Point/Caulk/Clean	l.	I .I	.l	.I	. I .	.1 .	.1 .1		ı	1 1		1	I	I	1) 0.0	no l	ı
(D) (O)		Point/Caulk/Clean	0		0	_	0 0	1		0.00	0.00 0.00	1 7 1	63.67	83.00	74.61	14.89	2) 0.0	000 47	740.83
(b) (6)			S		8.00		0 5.00		\perp	29.00	26.00 0.00	/		33.30		11.55	3) 50.0	0 200.17	992414
Other Deduction Detail: Simple IRA	. 50.00																		

Date March 29th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state: (1) That I pay or supervise the payment of the persons employed by	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor) Herbert Hoover Building Modernization; that during the payroll period commencing on the Phase 4 (Building or Work) 12th day of, 2018, and ending the, 18th	(c) EXCEPTIONS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That:	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #129
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	NAME AND TITLE: SIGNATURE: Signed Electronically THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	ACTOR	₩age DC	140	002	(Mo	d. 3)				Α	ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	DING	G								AND LOCAT		-:	Dh 4		PROJEC	CT OR	CONTRA	ACT NO.	
128.0		03/11/2018									Vashingt		iilding Moder	nization- i	Phase 4		G14.10	64/G	S11P0	6MKC0030	1
(1)	(2)	(3)	Ь		(-	4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		OT or [MON	TUE	WED T	ГНИ	FRI	SAT	SUN				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	5	6 10UR	7 S WOR	8 RED		10	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK
(b) (6)		Tile Setter	D	1	0	0	0	0	0	0	0.00	0.00 0.00	1	1107	IAA	OWIT	Wicaldard	1)	0.00	DEDOCTIONS	
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	88.04	84.00	100.80	20.59	2)	0.00 113.60	407.03	1012.97
(b) (6)			s	8.00	8.00	8.00 8	3.00	8.00	0	0	40.00	25.78 9.72	1420.00					3)	113.00		992174
Other Deduction Detail: Simple IRA: 113	.60																•				<u> </u>
(b) (6) 7237	2	Bricklayer	D O S	\vdash	0 0 3.00	0 0 5.00	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 28.17 8.03		73.31	89.00	59.00	17.14	1) 2) 3)	0.00 0.00 76.02	314.47	943.88 992181
Other Deduction Detail: Health & Dental	Insura	ance: 76.02																			
(b) (6)		Laborer: Common/General	D 0 8		0 0 3.00	0 0 2.00	0 0	0 0	0 0	0 0	0.00 0.00 5.00	0.00 0.00 0.00 0.00 25.00 0.00		73.31	89.00	59.00	17.14	1) 2) 3)	0.00 0.00 76.02	314.47	943.88 992181
Other Deduction Detail: Health & Dental	Insura	ance: 76.02																			
(b) (6) Other Deduction Detail: Simple IRA: 65.6	5	Laborer: Common/General	D O S	0	0 0 2.00	0 0 2.00	0 0	0 0	0 0	0 0	0.00 0.00 4.00	0.00 0.00 0.00 0.00 25.00 0.00		81.27	68.00	58.00	19.00	1) 2) 3)	0.00 0.00 65.54	291.81	1018.89 992182

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	1002	(Mod	3)			Т.	ADDRESS	2320 01	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:	170	7002	(ivioa.	. 0)						MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTE	RACT NO.	
128.0		03/11/2018								∃erbert F Nashingt		ilding Moder	nization- l	Phase 4		G14.16	64/GS11P	06MKC0030	j
(1)	(2)	(3)	10		(4)	DAY A	ND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING		5	MON	TUE	/ED TH	IU FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	5	6	7 8	9	10	11	TOTAL	DATE	GROSS		WITH-					PAID FOR WEEK
OF EMPLOYEE	S M	OLAGOII IOATION		Н	OURS	WORKI	ED EAC	CH DA	Y	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Bricklayer	D		0	0	0 0	0	0	0.00	0.00 0.00	398.20					1) 0.00	1	
	5		0	0	0	0	0 0	0	0	0.00	0.00 0.00		81.27	68.00	58.00	19.00	3) 65.54	004 04	1018.89
(b) (6)			S	0	6.00 5	5.00	0 0	0	0	11.00	28.17 8.03	1310.70							992182
Other Deduction Detail: Simple IRA: 6	5.54																		
(b) (6) (b) (6)	0	Laborer: Common/General	D O S	0	0 0 6.00		0 0	0 0	0	0.00 0.00 14.00	0.00 0.00 0.00 0.00 18.00 0.00		45.20	66.00	34.00	10.57	1) 0.00 2) 0.00 3) 0.00) 455 77	573.23 992184
(b) (6)	0	Laborer: Common/General	D 0 S	0	0 8.00 3	0	0 0 0 0		0 0	0.00 0.00 11.50	0.00 0.00 0.00 0.00 25.00 0.00	/	64.21	84.00	48.00	15.02	1) 0.00 2) 0.00 3) 51.78	000.04	772.63 992190
Other Deduction Detail: Simple IRA: 5	1.78																		
(b) (6)	I	Laborer:	D	0	0	0	0 0	0	0	0.00	0.00 0.00	50.00		I]]	1) 0.00	1	ſ
	0	Common/General	0	1 1	0	0	0 0	0	0	0.00	0.00 0.00	/	58.27	100.00	42.00	13.63	2) 0.00 3) 274.83	100 70	668.07
(b) (6)			s	0	0	0 1.0	0 1.00	0	0	2.00	25.00 0.00	1156.80					3) 214.83		992199
Other Deduction Detail: Health & Dent	al Insur	ance: 216 99 Simple IR	A · 5	7 84								r							

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTOR	✓ Wage DC	140	002 (1	Mod	3)				ADDRESS	2320 01	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.	7.0101	Det:	,140	002 (1	viou	. 3)				ADDITEOC		MD 20601	iiikoad						
PAYROLL NO. 128.0		FOR WEEK EN 03/11/2018		9						PROJECT A Herbert H		ION ilding Moder	nization- F	Phase 4			T OR CONTE	RACT NO. 06MKC0030)
(1)	C) SNOIL	(3)	OT or DT		UE	DAY AN	J FR	SAT	SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	(2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		6 URS	7 8 WORKE			11 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6) (b) (6)	0	Bricklayer	D 0 S	0 0	0 0	0 0 0		0 0	0	0.00 0.00 14.00	0.00 0.00 0.00 0.00 28.17 8.03	506.80 1156.80	58.27	100.00	42.00	13.63	1) 0.00 2) 0.00 3) 274.83)	668.07 992199
Other Deduction Detail: Health & Denta	l Insura	ince: 216.99, Simple IF	RA: 5	7.84								•							
(b) (6) Other Deduction Detail: Simple IRA: 10:	3	Laborer: Common/General	D 0 S	0 8.00 8	0 0 3.00	0 0		0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 32.00 0.00	1280.00	79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40) 222.24	956.66 992220
(b) (6)		Laborer: Common/General	D 0 S	0 0	0 0	0 0		0 0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 25.00 0.00	600.00	62.00	115.00	72.47	14.50	1) 0.00 2) 0.00 3) 50.00	040.07	686.03 992224
Other Deduction Detail: Simple IRA: 50	.00																		
(b) (6)	0	Bricklayer	D 0 8	0 0	0 0 0	0 0) (0 0	0	0.00	0.00 0.00 0.00 0.00 28.17 8.03	72.40 822.90	51.02	87.00	39.00	11.93	1) 0.00 2) 0.00 3) 0.00	100.05	633.95 992230

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	R ✓ Wage DC	0002	(Mod	d. 3)				ADD	DRESS	2320 Old	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:			`	,						Waldorf,	MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G						PRO	DJECT A	ND LOCATI	ION				PROJEC	T OR CONTI	RACT NO.	
128.0		03/11/2018										oover Bui on, DC	ilding Moder	nization- F	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	T_		(4	1) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta		(9)
	SNS			MON	TUE	WED	THU	FRI S	SAT SU	JN				DE	DUCTIONS			 Local Ta: Other De 		NET
NAME, ADDRESS, AND	F J S S	WORK	ST, OT	5	6	7	8	9	10 1	1			GROSS		WITH-		I	I		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S		IOURS	S WOF	KED I	EACH	DAY		TOTAL IOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Laborer:	D		0	0	0	0	0		0.00	0.00 0.00	Λ'		1750			1) 0.00	+	
	0	Common/General	0	1 1	0	0	0	0	0	0	0.00	0.00 0.00	/	51.02	87.00	39.00	11.93	2) 0.00		633.95
(6) (6)			s		8.00	4.00	8.00 8	3.00	0		28.00	19.00 0.00	/	01.02	01.00	00.00		3) 0.00)	992230
											20.00		022.00							TOOLLOO
(b) (6) Other Deduction Detail: Health & Dentail	0	Point/Caulk/Clean	D O S	0	0 8.00	0 8.00	0 0	0 0		0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 22.00 0.00		54.33	99.00	44.09	12.70	1) 0.00 2) 0.00 3) 32.4	0 040.50	666.27 992241
Other Deduction Detail. Health & Denta	ai iiisui	ance. 32.41																		
(b) (6)	1	Tile Setter	lъ	0	o	О	0	o	0	0	0.00	0.00 0.00	852.00					1) 0.00	ו	1
	4		0	0	0	0	0	0	0		0.00	0.00 0.00	/	78.62	72.00	73.14	18.39	2) 0.00		962.45
(6) (6)					8.00	8.00	0	0	0			25.78 9.72	1268.00	70.02	72.00	70.11	10.00	3) 63.40)	992242
Other Deduction Detail: Simple IRA: 63	 3.40			1							21.00		.200.00							OOLL IL
(b) (6)		Tile Setter	D	0	0	0	0	О	0	0	0.00	0.00 0.00	816.50					1) 0.00)	
	5		0	0	0	0	0	0	0	_	0.00	0.00 0.00	/	91.54	86.00	83.99	21.41	2) 0.00	256 77	1119.73
(5) (6)			s	\perp	7.00	8.00	0	0	0		23.00	25.78 9.72	/					3) 73.83	3	992243
Other Deduction Detail: Simple IRA: 73	 3 83												V					1		1

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	0002	(Mod	. 3)				ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf	, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTE	RACT NO.	
128.0		03/11/2018								⊣erbert ⊦ Nashingt		iilding Moder	nization- i	Phase 4		G14.16	64/GS11P	06MKC0030)
(1)	(2)	(3)	F		(4)	DAY A	AND DA	TE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING		OT or [MON	TUE	/ED TI	HU FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	5	6	7	8 9	10	11	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK/
OF EMPLOYEE	828		_	F	OURS	WORK	ED EA	CH DA	۱Y	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	
(b) (6)		Laborer: Common/General	D	1 1	0	0	0 0	0	0	0.00	0.00 0.00	54.00					1) 0.00)	
	1		0	1 1	0	0	0 0	0	0	0.00	0.00 0.00		90.01	208.00	74.00	21.05	3) 0.00	202.00	1058.74
(b) (6)			S	0	0	0 1.	00 1.00	0	0	2.00	27.00 0.00	1451.80							992269
(b) (6)	1		o s		0	0 7.	0 0	0 0		0.00 0.00 14.00	0.00 0.00 0.00 0.00 28.17 8.03		90.01	208.00	74.00	21.05	2) 0.00		1058.74 992269
(b) (6) (b) (6)	1	Point/Caulk/Clean	0	0	0 0 8.00 8	0 0 8.00 8.	0 C 0 C	0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	1 / 1	52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 94.01) 267.05	612.15 992271
Other Deduction Detail: Health & Dent	al Insur	ance: 32.41, Simple IRA	4: 61	1.60															
(b) (6)	1	Point/Caulk/Clean	D	0	o	o	0 0	0	0	0.00	0.00 0.00	416.00					1) 0.00	1	
	1		0	0	0	0	0 0	0	0	0.00	0.00 0.00	1 / 1	59.77	66.00	64.71	13.97	2) 0.00	F77 FF	462.45
(b) (6)			s	0	0	0 8.	00 8.00	0	0	16.00	26.00 0.00	1040.00					, 5, 5, 5, 10		992281
Other Deduction Detail: Health & Dent	al Insur	ance: 76.02 Child Sunn	ort.	245 (8 Chi	ld Sur	port F	ee: 2	00.5	imple IRA	: 50 00	· · · · · ·		•	•	•	•		•

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON	TRACTOR		140	002	(Mod	l. 3)				ADDRESS		ld Washingto	n Road							
Atlantic Refinishing & Restoration, Inc	c.	Det:									Waldori	f, MD 20601								
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCA					PROJEC	T OR C	ONTRA	ACT NO.	
128.0		03/11/2018	/2018 (4) DAY AND DATE							Herbert I Washing		uilding Mode	rnization- l	Phase 4		G14.16	4/GS1	11P0	6MKC0030	
(1)	(2)	(3)	L		(4)) DAY	AND D	ATE		(5)	(6)	(7)		(8)	* Other	Deductions	,			(9)
	DLDING	WORK	OT or D		TUE	_				1			DE	DUCTIONS			2) Loca 3) Othe			NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		6 HOURS		8 S		0 11 DAY	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	- 1	Point/Caulk/Clean	D	0	0	0	0	0	0 (0.00	0.00 0.00	416.00					l ′	0.00		
	1		0	0	0	0	0	0	0 (0.00	0.00 0.00		64.48	85.00	75.65	15.08		0.00	200 21	749.79
(b) (6)			S	0	0	0 8	3.00 8.0	00	0 0	16.00	26.00 0.00	1040.00					,			992282
Other Deduction Detail: Simple IRA: 5	50.00															-				

Date March 16th, 2018	/b) \\// IEDE	EDINOE DENEETO ADE DAIE	NIN CACH
I, (b) (6) Payroll Supervisor	` '	FRINGE BENEFITS ARE PAID	
(Name of Signatory Party) (Title)	\checkmark		sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:			nount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPT	•	Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(C) EXCEPT	HONG	
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the			
5th day of March , 2018 , and ending the 11th day of March , 2018			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		11P06MKC0030, Wage Decisio	on #DC140002 Mod 3 04/11/14,Payroll #128
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		R TO CIVIL OR CRIMINAL PROSECUTIO	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR IN. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	0002	(Mod	1 3)				1,	ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:	1-10	7002	(IVIOC	1. 0)							, MD 20601	Tribua						
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT					PROJEC	CT OR CONT	RACT NO.	
127.0		03/04/2018									Herbert H Washingt		uilding Moder	nization- F	Phase 4		G14.1	64/GS11F	06MKC0030)
(1)	(2)	(3)	F		(4) DAY	' AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	SNS			MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other D		NET WAGES
NAME, ADDRESS, AND	F I I	WORK	ST, OT	26	27	28	1	2	3	4			GROSS		WITH-	l	<u> </u>	I	1	PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	"		HOURS	S WOF	RKED	EACH	H DAY	$\overline{}$	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1	ı				1) 0.0		
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	88.04	84.00	100.80	20.59	2) 0.0 3) 113.6	107.00	1012.97
(b) (6)			s	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72	1420.00					3) 113.6	٥	992042
Other Deduction Detail: Simple IRA: 1	13.60												<i>Y</i>							
(b) (6) Other Deduction Detail: Simple IRA: 1	3 02.40	Laborer: Common/General	D 0 S	0	0 8.00	0 8.00	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 32.00 0.00		79.36	50.00	73.02	18.56	1) 0.0 2) 0.0 3) 102.4	0 200.04	956.66 992087
(b) (6)	3	Tile Setter	D 0 8		0 0	0 0	0 0	0 8.00	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 25.78 9.72		73.38	73.00	72.39	17.16	1) 0.0 2) 0.0 3) 132.4	0 269.24	847.66 992100
Other Deduction Detail: Health & Dent	al Insur	ance: 32.41, Advance: 5	0.0	0, Sin	nple II	RA: 5	0.00													
(b) (6)	0	Laborer: Common/General	0		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	52.55	93.00	42.22	12.29	1) 0.0 2) 0.0 3) 32.4	0 222.47	647.53
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00					,		992108
Other Deduction Detail: Health & Dent	al Insur	ance: 32 41	_									•	,					•		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	ACTO	R ✓ Wage DC	1 10	1002	/\/oc	1 3/			- 1	ADDDESS	2220 OI	ld Washingto	n Pood						
_	VAC I OI	Det:	140	1002	(IVIOC	J. 3)				ADDICESS		id Washingto ¹ , MD 20601	ii Noau						
Atlantic Refinishing & Restoration, Inc.																			
PAYROLL NO.		FOR WEEK EN	DIN	G							AND LOCAT	rion uilding Moder	nization l	Dhoon 4		PROJEC	CT OR CONTR	ACT NO.	
127.0		03/04/2018								Washing		ilidirig Model	IIIZaliOII- I	Filase 4		G14.10	64/GS11P0	06MKC0030)
(1)	(2)	(3)	7		(4	l) DAY	AND [DATE		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax 2) Local Tax		(9)
	SNS		9	MON	TUE	WED -	THU F	FRI S	AT SUI	4			DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND	FEC	WORK	ST, OT	26	27	28	1	2	3 4	1		GROSS		WITH-	<u> </u>	I	1		PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	"		HOURS	S WOR	KED E	EACH	DAY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0.00	0.00 0.00	1420.00					1) 0.00		
	4		0	0	0	0	0	0	0	0.00	0.00 0.00		88.04	90.00	84.62	20.59	2) 0.00 3) 71.00	25425	1065.75
(b) (6)			s	8.00	8.00	8.00	8.00 8	3.00	0 0	40.00	25.78 9.72	1420.00					3) 71.00		992109
Other Deduction Detail: Simple IRA: 71	.00										•			•	•	•			•
(b) (6)	5	Tile Setter	О S		0 0 6.00	0 6.00 3	0 0 3.00 2	0 0 2.00	0 0	0.00 0.00 0.00 24.00	0.00 0.00 0.00 0.00 25.78 9.72		240.69	339.00	304.74	56.29	1) 0.00 2) 0.00 3) 194.10	1124 02	2747.18 992110
Other Deduction Detail: Simple IRA: 19	4.10																		
(b) (6)	5	Laborer: Common/General	D 0		0	0	0	0	0	0.00	0.00 0.00	+ / I	240.69	339.00	304.74	56.29	1) 0.00	1124 92	2747.18
(a) (a)	"		s		2.00	200 1	5.00	0	0 0		30.00 0.00	↓ /	240.09	339.00	304.74	30.29	3) 194.10	1134.02	992110
Other Deduction Detail: Simple IRA: 19	4 10		10	"	2.00	2.00	3.00	<u> </u>	۰	9.00	30.00 0.00	3002.00							992110
Other Boddesien Botain Cimple IIV t. 10	1.10																		
(b) (6)		Ironworker: Reinforcing	D	0	0	0	0	0	0	0.00	0.00 0.00	215.90					1) 0.00		
	1		0	0	0	0	0	0	0	0.00	0.00 0.00	1 /	59.12	84.00	42.00	13.83	2) 0.00 3) 101.42	1 200 27	685.53
(b) (6)			s	0	0	0	0 5	5.00	0 (5.00	26.50 16.68	985.90					0, 101.42		992140
Other Deduction Detail: Health & Denta	ıl İnsur	ance: 32 41 Simple IRA	. 69	01								, ,			-				

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Det: PAYROLL NO. FOR WEEK ENDING											ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT					PROJEC	T OR CONTR	ACT NO.	
127.0 03/04/2018 (4) DAY AND DA											Herbert H Vashingt		ilding Modei	rnization- F	Phase 4		G14.16	4/GS11P0	6MKC0030	ı
(1)	(2)	(3)	(4) DAY AND DATE								(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	LDING		OT or D				THU			SUN				DE	DUCTIONS			Local Tax Other Dec		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			28 s wo	1 RKED	2 EAC	3 H DAY	4	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer:	D	0	О	0	0	0	0	0	0.00	0.00 0.00	1	1				1) 0.00		
	1	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00		59.12	84.00	42.00	13.83	2) 0.00 3) 101.42	200 27	685.53
(b) (6)			S	8.00	8.00	8.00	8.00	3.00	0	0	35.00	22.00 0.00	985.90					,		992140

Date March 8th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor) Herbert Hoover Building Modernization- ; that during the payroll period commencing on the	
Phase 4 (Building or Work) 26th day of February , 2018 , and ending the 4th day of March , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #127
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	(b) (6) Payroll Supervisor Signed Electronically
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF COLUMN OTON OT OR OUR COLUMN	DA OTO	- Wasa DO	4.40		/B. 4	I 0)				4000000	0000 01	- \A/ - ' -							
NAME OF CONTRACTOR OR SUBCONT	RACTO	₹ ✓ Wage DC Det:	140	1002	(IVIOC	1. 3)				ADDRESS		d Washingto , MD 20601	n Road						
Atlantic Refinishing & Restoration, Inc.	: .	Det.									vvaluoti	, IVID 2000 I							
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	CT OR CONTE	RACT NO.	
126.0		02/25/2018								Herbert I Washing		uilding Moder	nization- l	Phase 4		G14.1	64/GS11P	06MKC0030	ı
(1)	(2)	(3)			(4) DAY A	AND D	DATE		(5)	(6)	(7)		(8)	* Othe	r Deductions	- 1) Local Tax		(9)
	NS SN		or DT	MON	TUE	WED T	HU F	RISA	T SUN	Ī			DE	DUCTIONS			Local Tax Other De		NET
NAME, ADDRESS, AND	P 크림	WORK	ST, OT	19	20	21 2	22 2	23 24	4 25	1		GROSS		WITH-	ı	ı	· ·		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S	$\overline{}$	OURS	WORK				TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D	0	0	0	0	0	0 0	0.00	0.00 0.00	1	1				1) 0.00	1	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	88.04	84.00	100.80	20.59	2) 0.00	407.00	1012.97
(b) (6)			s	8.00	8.00	8.00 8.	.00 8.	.00	0 0	40.00	25.78 9.72	1420.00					3) 113.60	1	991908
Other Deduction Detail: Simple IRA: 1	13 60									10.00		<i>y</i>							100.000
(b) (6) Other Deduction Detail: Simple IRA: 1	3 04.32	Laborer: Common/General	D 0 S	0	0 8.00	0 0 8.50 8.	0 0. 0 0.	.50	0 0 0 0 0	0.50	0.00 0.00 48.00 0.00 32.00 0.00		80.85	53.00	74.71	18.91	1) 0.00 2) 0.00 3) 104.32) 004.70	972.21 991954
(b) (6)	0	Laborer: Common/General	D 0 S	0	0 8.00	0 0	0 0 0	0	0 0 0 0		0.00 0.00 0.00 0.00 25.00 0.00		71.30	148.00	84.39	16.68	1) 0.00 2) 0.00 3) 50.00) 270.07	779.63 991958
Other Deduction Detail: Simple IRA: 5	0.00																		
(b) (6)		Tile Setter	D		0	0	0	0	0 0	0.00	0.00 0.00	1420.00					1) 0.00	1	
	4		0	0	0	0	0	0	0 0	0.00	0.00 0.00		88.04	90.00	84.62	20.59	2) 0.00 3) 71.00	25425	1065.75
(b) (6)			s	8.00	8.00	8.00 8.	.00 8.	.00	0 0	40.00	25.78 9.72	1420.00					,		991976
Other Deduction Detail: Simple IRA: 7	1.00	•								•	•	- '		•	•	•	•	-	•

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR OR S		R ✓ Wage DC Det:	140	0002	(Mod	d. 3)					ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 126.0		FOR WEEK EN 02/25/2018		G									ION ilding Moder	nization- F	Phase 4			T OR CONT	RACT NO. 06MKC0030)
(1)	(2) SNOIL	(3)	5	-	N TUE	WED		FRI	SAT	SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST.		20 HOURS	21 s wo			24 H DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
(b) (6)	5	Marble: Stone Mason	D 0	C	0 0	0	0 0	0 8.00	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 33.58 15.13		105.98	113.00	101.58	24.79	1) 0.00 2) 0.00 3) 85.4	0 430.93	1278.54 991977
Other Deduction Detail: Simple IRA: 85	.47																			
(b) (6)	1	Laborer: Common/General	D 0 8		0 0	0 0 8.00	0 0 8.00	0 0	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 22.00 0.00		53.44	74.00	37.00	12.49	1) 0.00 2) 0.00 3) 95.00	0 271.05	622.45 992008
Other Deduction Detail: Health & Denta	l Insur	ance: 32.41, Simple IRA	A: 62	2.61								•						•		•

Date March 1st, 2018	/b) \\// IEDE	FOINCE DENEETS ARE DAID	NIN CACIL
Downell Supervisor	` '	FRINGE BENEFITS ARE PAID	
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	✓		sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the an	nount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by		contract, except as noted in	Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPT	HONS	
Herbert Hoover Building Modernization- Phase 4 (Building or Work) 19th day of February , 2018 , and ending the 25th day of February , 2018			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS1	11P06MKC0030, Wage Decisio	n #DC140002 Mod 3 04/11/14,Payroll #126
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		R TO CIVIL OR CRIMINAL PROSECUTION	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) tlantic Refinishing & Restoration, Inc.										,	ADDRESS		d Washingto , MD 20601	n Road						
	,. 																			
PAYROLL NO.		FOR WEEK END	DING	G							PROJECT / Herbert H	AND LOCAT	ion iilding Moder	nization- I	Phase 4			T OR CONT		
125.0		02/18/2018											agcac.				G14.16	54/GS11P	06MKC0030)
(1)	(2)	(3)	L		(4	4) DAY	' AND	DATE	E		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta		(9)
	S S		or D	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			 Local Ta Other De 		NET
NAME. ADDRESS. AND	NO. OF WITHHOLDING EXEMPTIONS	WORK	ST, OT	12	13								GROSS		1			1		WAGES PAID
Identification Number	O F M	CLASSIFICATION	S								TOTAL	RATE	AMOUNT	F10.4	WITH- HOLDING	0.4//.1		OTUEDA	TOTAL	FOR WEEK
OF EMPLOYEE	Ž ≶ iú	Tile Setter	t		HOUR	S WOF	- 1	EACE		Y	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1) 0.0	DEDUCTIONS	Check No.
(b) (6)		The Seller	D		0	0	0	0	0	U	0.00	0.00 0.00	/					2) 0.0	٥١	
	4		0	1 1	0	0	0	0	0	0	0.00	0.00 0.00] /	88.04	84.00	100.80	20.59	3) 113.6		1012.97
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72	1420.00							991773
Other Deduction Detail: Simple IRA: 1	13.60																			
(b) (6) Other Poduction Potail Simple IRA 4	3	Laborer: Common/General	D O S	0	0 0 8.00	0 0 8.00	0 0 7.50	0 0 8.00	0 0	0 0	0.00 0.00 39.50	0.00 0.00 0.00 0.00 32.00 0.00	/	85.31	60.00	79.78	19.95	1) 0.0 2) 0.0 3) 110.0	0	1020.88 991820
Other Deduction Detail: Simple IRA: 1	10.08																			
(b) (6)		Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	200.00					1) 0.0	I	
	0		0		0	0	0	0	0	0	0.00	0.00 0.00		66.65	132.00	78.43	15.58	3) 50.0		732.34
(b) (6)			S	0	0	0	0	8.00	0	0	8.00	25.00 0.00	1075.00							991824
Other Deduction Detail: Simple IRA: 5	0.00																			
(b) (6)	ī	Tile Setter	Ь	ا ا	ا ا	اه	۱٥	l ol	اه	ا ا	0.00	0.00 0.00	852.00		l		l	1) 0.0	0	I
	3		0		0	-	0		0	0	0.00		1 / 1	77.60	81.00	77.70	40.45	2) 0.0	0 000.05	007.05
	3									ı "		0.00 0.00	/	77.60	81.00	77.79	18.15	3) 132.4	1 386.95	897.05
(b) (6)			S			8.00	0	0	0	0	24.00	25.78 9.72	1284.00							991834
Other Deduction Detail: Health & Deni	tal Insur	ance: 32 41 Advance: 50	0.00	n Sin	nnle I	RA· 5	0.00	1												

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON Atlantic Refinishing & Restoration, Inc	lantic Refinishing & Restoration, Inc.												d Washingto , MD 20601	n Road							
PAYROLL NO. 125.0		FOR WEEK EN 02/18/2018		IG							PROJECT A Herbert H Washingt		ilding Moder	nization- F	Phase 4		PROJECT G14.16			ACT NO. 6MKC0030	
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	6	MON	TUE	WED		FRI			(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	2) Loc	al Tax		(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST	' -	HOUR						TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	FOR WEEK/
(b) (6) (b) (6)	- 1	Tile Setter	D O S		0 8.00	0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 25.78 9.72		88.04	90.00	84.62	20.59	1) 2) 3)	0.00 0.00 71.00	354.25	1065.75 991843
Other Deduction Detail: Simple IRA: 7		Laborer: Common/General	D O S		0 0 8.00	0 0 8.00	0 0 7.50	0 0	0 0	0 0	0.00 0.00 31.50	0.00 0.00 0.00 0.00 19.00 0.00		59.22	78.00	58.03	13.86	1) 2) 3)	0.00 0.00 47.76	256.87	698.37 991868
Other Deduction Detail: Simple IRA: 4		Laborer: Common/General	DOS	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00		52.55	73.00	36.00	12.29	1) 2) 3)	0.00 0.00 94.01	267.85	612.15 991875
Other Deduction Detail: Health & Den	tal Incur	nco: 22 41 Simple ID/	۸۰ ۵٬	1 60									<i>y</i>							1	1

Date February 22nd, 2018	(b) WHERE B	FRINGE BENEFITS ARE PAID	O IN CASH
Dourell Supervisor	` ' _		
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	✓ -	indicated on the payroll, an a	sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the an contract, except as noted in	mount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTION	•	Gestion 4(0) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(c) EXCEPTION		
Herbert Hoover Building Modernization- Phase 4 (Building or Work); that during the payroll period commencing on the			
12th day of February , 2018 , and ending the 18th day of February , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates			
have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA			
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11	P06MKC0030, Wage Decision	on #DC140002 Mod 3 04/11/14,Payroll #125
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		TO CIVIL OR CRIMINAL PROSECUTIO	SOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR DN. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	TRACTOR	R ✓ Wage DC	140	0002	(Mod	3)			Τ.	ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:	170	7002	(ivioa.	. 0)						, MD 20601							
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	T OR CONTR	RACT NO.	
124.0		02/11/2018								Herbert H Nashingt		ıilding Moder	nization- F	Phase 4		G14.16	64/GS11P0	06MKC0030)
(1)	(2)	(3)	12		(4)	DAY AN	ND DAT	ΓE		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax		(9)
	SNS		5	MON	TUE	/ED TH	U FRI	SAT	SUN				DE	DUCTIONS			 Local Tax Other De 		NET
NAME, ADDRESS, AND	FICE	WORK	ST, OT	5	6	7 8	9	10	11			GROSS		WITH-	I	I	I		WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ľ		OURS \	WORKE	L ED EAC	H DAY	Y	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
(b) (6)		Tile Setter	D		0	0	0 0	0	0	0.00	0.00 0.00	1		1700	-		1) 0.00	+	
(-) (-)	4		0		0	0	0 0	0	0	0.00	0.00 0.00	1 / 1	88.04	84.00	100.80	20.59	2) 0.00	107.00	1012.97
(5) (6)			S		8.00 8	.00 8.00	0 8.00	0	0	40.00	25.78 9.72	1 / 1	00.0	000	100.00	20.00	3) 113.60	.57.155	991635
Other Deduction Detail: Simple IRA: 1	113.60			1			-		- 1	40.00	20.70 0.72	1 120.00							331000
(b) (6) (b) (6) Other Deduction Detail: Simple IRA: 1	0	Laborer: Common/General	O S	1 1	0 0	0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 20.00 0.00		19.84	0.00	6.43	4.64	1) 0.00 2) 0.00 3) 16.00) 40.04	273.09 991663
(b) (6) (b) (6)	3	Laborer: Common/General	D 0 8	0	0 0 8.00 8	0	0 0 0 0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 32.00 0.00		79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40) 222.24	956.66 991682
Other Deduction Detail: Simple IRA: 1	102.40																		
(b) (6)	3	Tile Setter	D	-	0		0 0	0	0		0.00 0.00	1 / 1	77.00			40.45	1) 0.00 2) 0.00)	007.05
	3		s		0				U	0.00	0.00 0.00	1 / 1	77.60	81.00	77.79	18.15	3) 132.41	386.95	897.05
(b) (6)			_		0 8			0	0	24.00	25.78 9.72	1284.00							991696
Other Deduction Detail: Health & Den	tal insur	ance: 32 41 Advance: 5	ว() ()	u Sim	ible IR	A'50(1()												

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR										Α	ADDRESS		d Washington	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	MD 20601								
PAYROLL NO.		FOR WEEK ENI	DING	3								AND LOCAT		-:t: [Dh. a.a. 4		PROJEC	T OR	CONTRA	ACT NO.	
124.0		02/11/2018									vashingt		ilding Moder	nization- i	Phase 4		G14.16	64/G	S11P0	6MKC0030	1
	(2)	(3)	ΤΠ		(4	4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	ONS		OT or [MON	TUE	WED		FRI	SAT	SUN				DE	DUCTIONS			,	ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	5	6	7 S WOF	8		10	_	TOTAL	RATE	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Medicare		THER*	TOTAL	PAID FOR WEEK
(b) (6)	<u>≶ш</u> Labor	er:	D	0	0083	0	0 O	- 1	0 O	0	HOURS 0.00	0.00 0.00	704.00	FICA	TAX	SWH	iviedicare	1)	0.00	DEDUCTIONS	CHECK NO.
(5) (6)		non/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	53.44	96.00	43.15	12.50	2)	0.00	237.50	656.90
(b) (6)			1 1	8.00	8.00	8.00	8.00	0	0	0	32.00	22.00 0.00	894.40					3)	32.41		991704
Other Deduction Detail: Health & Dental In	surance: 3	32.41											ν					-			
(b) (6)	Tile So		D O S	0 5.00	0.8.00	0 8.00	0.8.00	0 8.00	0	0 0	0.00 0.00 37.00	0.00 0.00 0.00 0.00 25.78 9.72	/	86.27	86.00	82.47	20.17	2)	0.00 69.58	344.49	1047.01 991705
Other Deduction Detail: Simple IRA: 69.58	<u> </u>																				
(b) (6)	Labor	er: non/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	78.00					1)	0.00		
	4	non/Conoral	0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	86.27	86.00	82.47	20.17	3)	69.58	344.49	1047.01
(b) (6)			S	3.00	0	0	0	0	0	0	3.00	26.00 0.00	1391.50								991705
Other Deduction Detail: Simple IRA: 69.58	<u> </u>																				
(b) (6)	Labor	er: non/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	90.00					1)	0.00		
	5	non, Jeneral	0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	95.97	95.00	89.39	22.45	2) 3)	77.40	380.21	1167.79
Other Deduction Detail: Simple IRA: 77.40			S	0	3.00	0	0	0	0	0	3.00	30.00 0.00	1548.00								991706

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTO	R ✓ Wage DC	140	1002	(Mod	1 3)				ADDRES	SS	2320 Ok	d Washington	n Road						
Atlantic Refinishing & Restoration, Inc		Det:	1 10	7002	(IVIOC	0)							MD 20601	Trioda						
PAYROLL NO.		FOR WEEK EN	IDIN	G								ND LOCATI					PROJEC	T OR CONT	RACT NO.	
124.0		02/11/2018								Herbert Washin			ilding Moder	nization- F	Phase 4		G14.16	64/GS11F	06MKC0030)
(1)	(2)	(3)			(4) DAY	AND I	DATE		(5)		(6)	(7)		(8)	* Other	Deductions			(9)
	NS SN		or DT	MON	TUE	WED -	тни	FRIS	AT SU	N				DE	DUCTIONS			 Local Ta Other D 		NET
NAME, ADDRESS, AND	1 John 1	WORK	ST, OT	5	6	7	8	9 -	10 1	1			GROSS		WITH-		1	1	1	WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S		HOURS	WOR	KFD F	FACH	DAY	TOTA HOUR		RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
(b) (6)	1228	Tile Setter	D		0	0	0	0	0	0 0.0		0.00 0.00	1278.00				- Modrodro	1) 0.0		,
(3) (3)	5		0		0	0	0	0	0	0 0.0	_	0.00 0.00	1270.00	95.97	95.00	89.39	22.45	2) 0.0	200 24	1167.79
W. W. W.			s		5.00	0.00	8.00 7	7.00	0	0 36.0	_		1548.00	95.91	95.00	09.59	22.40	3) 77.4	0 300.21	
Other Deduction Detail: Simple IRA: 7				8.00	5.00	8.00	8.00 /	7.00	۰	0 36.00	U	25.78 9.72	1546.00							991706
(b) (6) Other Deduction Detail: Simple IRA: 1	1 4.40, He	Laborer: Common/General ealth & Dental Insurance	D O S e: 76	0	0 8.00	0 0 8.00	0 0	0 0	0	0 0.00 0 0.00 0 16.00	0	0.00 0.00 0.00 0.00 18.00 0.00	288.00	13.14	5.00	13.35	3.07	1) 0.0 2) 0.0 3) 90.4	0 404.00	163.02 991715
(b) (6)	2	Laborer: Common/General	D 0 S	0	0 0	0 0 0	0 0 0 8	0 0 3.00	0	0.00 0 0.00 0 8.00	0	0.00 0.00 0.00 0.00 19.00 0.00	152.00 760.00	47.12	55.00	43.60	11.02	1) 0.0 2) 0.0 3) 38.0	0 404.74	565.26 991732
Other Deduction Detail: Simple IRA: 3	8.00																			
(b) (6)	1	Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00 8	0 0 8.00 8	0 0 3.00		0 0.00 0 0.00 0 40.00	0	0.00 0.00 0.00 0.00 22.00 0.00	880.00	52.55	73.00	36.00	12.29	1) 0.0 2) 0.0 3) 94.0	0 267.05	612.15 991739
Other Deduction Detail: Health & Dent	al Insur	ance: 32 41 Simple IRA	· 61	60																

Date February 16th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Dourell Constrainer	
I, _(b) (6) Payroll Supervisor (Title)	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization- ; that during the payroll period commencing on the Phase 4 (Building or Work)	
5th day of February , 2018 , and ending the 11th day of February , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #124
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Refinishing & Restoration, Inc.											d Washingto , MD 20601	n Road						
Atlantic Refinishing & Restoration, I	nc.											,2 2000 .							
PAYROLL NO. 123.0		FOR WEEK ENI 02/04/2018	DING	3								ion ilding Moder	nization- F	Phase 4			T OR CONTE	RACT NO. 06MKC0030)
(1)	(2) SNOI.	(3)	OT or DT		TUE	/ED T		SA ⁻	T SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other Dec	(2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (1 2 KED EA			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	4	Tile Setter	D 0 S	0 8.00	0 0 8.00 8	0 0 8.00 8.	0 0 8.00	0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 25.78 9.72		88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	107.03	1012.97 991478
Other Deduction Detail: Simple IRA	. 113 60			0.00	0.00	,,,,,,	0.00	<u>" "</u>	ٽ ٽ	40.00	25.76 5.72	1420.00							331470
(b) (6) Other Deduction Detail: Simple IRA	3	Laborer: Common/General	D O S	0 0	0 8.00 8	0 0 8.00 8.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0 0 0	0.00 0.00 26.00	0.00 0.00 0.00 0.00 32.00 0.00		97.22	82.00	93.29	22.74	1) 0.00 2) 0.00 3) 125.44	100.00	1147.31 991531
	. 120.44																		
(b) (6)		Laborer: Common/General	D O S	0 0	0 0 3.50	0 0	_	0	0 0 0 0		0.00 0.00 0.00 0.00 24.00 0.00		70.37	84.00	76.87	16.46	1) 0.00 2) 0.00 3) 93.10	040.00	794.19 991532
Other Deduction Detail: Simple IRA					ا.	.1	.1	.1	اء اء		1	1		ı		ı	1) 0.00		1
(D) (O) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	3	Tile Setter	D О S		0 8.00 8		0 0 8.00	0	0 0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 25.78 9.72	1 / 1	86.03	98.00	88.60	20.12	1) 0.00 2) 0.00 3) 132.41	105.16	994.84 991547
Other Deduction Detail: Health & De	ental Insura	ance: 32.41, Advance: 5	0.00). Sim	ple IR	A: 50	.00												

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	Det:									ADDRESS		d Washingto	n Road							
${\bf Atlantic\ Refinishing\ \&\ Restoration, Inc.}$		Det:									Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK ENI	DING	3							AND LOCAT		.:	214		PROJEC	CT OF	R CONTR	ACT NO.	
123.0		02/04/2018								Herbert F Washing		ilding Moder	nization- i	Phase 4		G14.16	64/G	S11P0	6MKC0030	1
(1)	(2)	(3)	Ы		((4) DAY A	ND	DATE		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		OT or D		TUE	WED TH	HU	FRI SA	AT SUN				DE	DUCTIONS			,	Other Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O		30				3 4	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE		Laborer:	D		OUF 0	RS WORK	ī	EACH I	DAY 0 0	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1)	0.00	DEDUCTIONS	Check No.
(D) (6)		Common/General	0		0		0	0	0 0	0.00	0.00 0.00		55.23	400.00	45.00	12.92	2)	0.00	247.58	675.62
AS /A	U		s	1 1		8.00 8.0		0	0 0	16.00	0.00 0.00 22.00 0.00	/	55.23	102.00	45.02	12.92	3)	32.41	247.58	991555
Other Deduction Detail: Health & Dental	1			"	- 0	0.00	00	<u> </u>	0 0	16.00	22.00 0.00	923.20								991555
Other Deduction Detail: Simple IRA: 71.	4		o s	\vdash	8.00		0 8 00	8.00	0 0	0.00 40.00	0.00 0.00 25.78 9.72	/	88.04	90.00	84.62	20.59	3)	0.00 71.00	354.25	1065.75 991556
(b) (6)	5	Tile Setter	D 0 S		0 8.00		0 0 00 3	0 0 3.00	0 0 0 0 0 0	0.00	0.00 0.00 0.00 0.00 25.78 9.72		95.64	94.00	88.98	22.37	1) 2) 3)	0.00 0.00 77.13	378.12	1164.38 991557
Other Deduction Detail: Simple IRA: 77.	13																			
		h .	1_	1 1		1 1	ı	ı	ı	1	ı	. 4					Las	0.00	ı	ı
(b) (6) (b) (6) Other Deduction Detail: Simple IRA: 77	5	Laborer: Common/General	D O S	0	0	0	0 0 5		0 0 0	0.00	0.00 0.00 0.00 0.00 30.00 0.00		95.64	94.00	88.98	22.37	1) 2) 3)	0.00 0.00 77.13	378.12	1164.38 991557

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR														d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		_	Det:										Waldorf	, MD 20601							
PAYROLL NO.			FOR WEEK EN	OINC	3								AND LOCAT					PROJEC	T OR CONTE	ACT NO.	
123.0			02/04/2018									∃erbert F Nashingt		ilding Moder	nization- F	hase 4		G14.16	4/GS11P	06MKC0030	1
(1)	(2)		(3)	L		(4	A) DA	Y AND	DAT	Έ		(5)	(6)	(7)		(8)	* Other	Deductions			(9)
	LDING		WORK	MON TUE WED THU FRI SAT 3 29 30 31 1 2 3											DEI	DUCTIONS			2) Local Tax 3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLA	ASSIFICATION	HOURS WORKED EACH D									RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)		Laborer:		D 0 0 0 0 0									0.00 0.00	576.00					1) 0.00		
	1	Commor	n/General									0.00	0.00 0.00	/	44.40	59.00	50.71	10.39	2) 0.00 3) 115.62	1 200 12	511.88
(b) (6)				S	0	8.00	8.00	8.00	8.00	0	0	32.00	18.00 0.00	792.00							991566
Other Deduction Detail: Health & Denta	l Insur	ance: 76.	.02, Simple IRA	: 39	.60	•								,							
(b) (6)	I	Laborer:		Ь	ام ا	ا، ا	اه	اہ	ا ما	0	اہ ا	0.00	0.00 0.00	704.00		ı		I	1) 0.00	ol	I
(b) (0)	1		n/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00		53.45	74.00	37.00	12.50	2) 0.00 3) 95.02	271.07	622.43
(b) (6)				S	8.00	0	8.00	8.00	8.00	0	0	32.00	22.00 0.00	894.40							991594
Other Deduction Detail: Health & Denta	l Insur	ance: 32.	.41, Simple IRA	62	.61																

Date February 9th, 2018	(b) WHERE	FRINGE BENEFITS ARE PAID) IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title) do hereby state:	(c)	- Each laborer or mechanic lis indicated on the payroll, an a	sted in the above referenced payroll has been paid, as amount not less than the sum of the applicable basic nount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPT		
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor)	(6) 27(82)		
Herbert Hoover Building Modernization- Phase 4 (Building or Work) 29th day of January 2018 , and ending the 4th day of February 2018			
29th day of January , 2018 , and ending the 4th day of February , 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA			
	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		1P06MKC0030, Wage Decisio	n #DC140002 Mod 3 04/11/14,Payroll #123
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6)	Payroll Supervisor	Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		TO CIVIL OR CRIMINAL PROSECUTION	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	R ✓ Wage DC	140	0002	(Mo	d. 3)					ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:				,							, MD 20601							
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT					PROJEC	T OR CONTI	RACT NO.	
122.0		01/28/2018									Herbert F Vashingt		ıilding Moder	nization- I	Phase 4		G14.10	64/GS11P	06MKC0030)
(1)	(2)	(3)	F		(4	4) DAY	AND	DATE	Ē		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)
	DING			MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	22	23	24	25	26	27	28	TOT41	5.475	GROSS		WITH-				T	PAID FOR WEEK
OF EMPLOYEE	8 N N N N N N N N N N N N N N N N N N N	OLAGOII IOATION		Н	IOUR	S WOR	KED	EACH	I DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
(b) (6)		Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00					1) 0.00	1	
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00		88.04	84.00	100.80	20.59	(a) 0.00 (b) 113.60	107.00	1012.97
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72	1420.00					,		991317
Other Deduction Detail: Simple IRA: 12	3.60																			
(b) (6) Other Deduction Detail: Health & Dental	3	Tile Setter ance: 32.41, Advance: 5		0 8.00			0 8.00		0 0	0 0	0.00 0.00 26.00	0.00 0.00 0.00 0.00 25.78 9.72		78.65	84.00	79.14	18.39	1) 0.00 2) 0.00 3) 132.41) 200 50	908.41 991388
(b) (6)	3	Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 6.00	0 0	0 0	0 0	0 0	0.00 0.00 14.00	0.00 0.00 0.00 0.00 27.00 0.00		78.65	84.00	79.14	18.39	1) 0.00 2) 0.00 3) 132.41) 202.50	908.41 991388
Other Deduction Detail: Health & Denta	al Insur	ance: 32.41, Advance: 5	0.0	0, Sim	nple I	RA: 5	0.00													
(b) (6)		Laborer:	D	0	0	0	0	0	0	О	0.00	0.00 0.00	528.00					1) 0.00	1	
	0	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00] /	54.34	99.00	44.09	12.70	2) 0.00 3) 32.41		666.26
(b) (6)			s	8.00	8.00	8.00	0	0	0	0	24.00	22.00 0.00	908.80					, 52.11		991396
Other Deduction Detail: Health & Denta	al Insur	ance: 32 41																		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	RACTOR Wage DC140002 (Mod. 3)										2320 OI	d Washingto	n Road								
Atlantic Refinishing & Restoration, Inc		Det:		.002	(0,				Waldorf, MD 20601												
PAYROLL NO.		FOR WEEK ENDING										AND LOCAT		PROJEC	PROJECT OR CONTRACT NO.							
122.0		01/28/2018									Herbert ⊢ Vashingt		uilding Moder	nization- I	Phase 4		G14.10	G14.164/GS11P06MKC0030				
(1)	(2)	(3)	15		(4) DAY	AND	DATE			(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)		
	DING:		OT or [MON	TUE	WED -	THU	FRI	SATS	SUN				DE	DUCTIONS			3) Other D		NET WAGES		
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	22	23	24	25	26	27	28	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK		
OF EMPLOYEE	822		_	F	OURS	WOR	KED	EACH	H DAY		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS			
(b) (6)		Tile Setter	D		0	0	0	0	0	0	0.00	0.00 0.00	1420.00					1) 0.0	I			
	4		0	0	0	0	0	0	0	0	0.00	0.00 0.00		88.04	90.00	84.62	20.59	3) 71.0	25425	1065.75		
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72	1420.00							991397		
Other Deduction Detail: Simple IRA: 7	1.00																					
(b) (6) Other Deduction Detail: Simple IRA: 7	5	Tile Setter	O S		0 0	0 0 2.00	0 0	0 8.00	0 0	0 0	0.00 0.00 18.00	0.00 0.00 0.00 0.00 25.78 9.72		90.62	85.00	82.87	21.19	1) 0.0 2) 0.0 3) 73.0	00	1108.80 991398		
	-																					
(b) (6)	5	Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 6.00	0 0	0 0	0 0	0 0	0.00 0.00 14.00	0.00 0.00 0.00 0.00 30.00 0.00		90.62	85.00	82.87	21.19	1) 0.0 2) 0.0 3) 73.0	00	1108.80 991398		
Other Deduction Detail: Simple IRA: 7	3.08																					
(h) (6)	1	Laborer:	D	ا، ا	ام	ام	٥١	ol	ol	o	0.00	l	880.00		I	I	I	1) 0.0	00	ı		
(6) (6)	1	Common/General	0		-	-		0		0		0.00 0.00	 	50.55	70.00	00.00	40.55	2) 0.0	00	040 :=		
	'				U	U	0		0	U	0.00	0.00 0.00	↓ /	52.55	73.00	36.00	12.29	3) 94.0	267.85	612.15		
(b) (6)			S		8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00							991435		
Other Deduction Detail: Health & Dent	al Insur	ance: 32 41 Simple IR <i>A</i>	4. 61	1 60																		

Date February 2nd, 2018	(b) WHERE EDINGE DENIETITE ARE DAID IN CASH
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Name of Signatory Party) (Title)	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
22nd day of January , 2018 , and ending the 28th day of January , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #122
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTO	Wage DC1	40002 (Mod. 3)	ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
Atlantic Refinishing & Restoration, Inc.	Det.		vvaldori,	IVID 2000 I									
PAYROLL NO. 121.0	FOR WEEK END 01/21/2018	DING	PROJECT AND LOCATI Herbert Hoover Bui Washington, DC			PROJECT G14.16	ı						
(1) (2) 9 NGTOPHEN NAME, ADDRESS, AND Identification Number OF EMPLOYEE		(4) DAY AND DATE MON TUE WED THU FRI SAT SUI	」	(7)	(8) DEDUCTIONS	* Other I	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES			
NAME. ADDRESS, AND Identification Number OF EMPLOYEE	CLASSIFICATION	15 16 17 18 19 20 21 HOURS WORKED EACH DAY	TOTAL RATE HOURS OF PAY	GROSS AMOUNT EARNED	FICA WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.			
(b) (6) (b) (6)	Tile Setter	D 0 0 0 0 0 0 O 0 0 0 0 0 0 0 S 5.50 0 8.00 8.00 8.00 0 0 0	0 0.00 0.00 0.00 0 0.00 0.00 0.00 0 29.50 25.78 9.72	1047.25	81.86 77.00	95.94	19.14	1) 0.00 2) 0.00 3) 75.00	348.94	971.31 991162			
Other Deduction Detail: Simple IRA: 75.00				V	<u> </u>								
(b) (6) 4 (b) (6) 4 (c) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Laborer: Common/General		0 0.00 0.00 0.00 0 0.00 0.00 0.00 0 10.50 26.00 0.00		81.86 77.00	95.94	19.14	1) 0.00 2) 0.00 3) 75.00	040.04	971.31 991162			
Other Deduction Detail: Simple IRA: 75.00													
(b) (6) (b) (6)	Laborer: Common/General		0 0.00 0.00 0.00 0 0.00 0.00 0.00 0 40.00 27.00 0.00		110.99 152.00	124.58	25.96	1) 0.00 2) 0.00 3) 82.41		1326.56 991231			
Other Deduction Detail: Health & Dental Insu	rance: 32.41, Advance: 50	0.00		1	'					•			
	h .	1-1 1 1 1 1 1 1		1 4	ı	1 1		Lo. 0.00	ı	1			
(b) (6) Other Deduction Detail: Health & Dental Inc.	Laborer: Common/General		0 0.00 0.00 0.00 0 0.00 0.00 0.00 0 32.00 22.00 0.00	/	53.44 96.00	43.15	12.50	1) 0.00 2) 0.00 3) 32.41	237.50	656.90 991239			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

										ADDRESS 2320 Old Washington Road												
Atlantic Refinishing & Restoration, Inc		Det:								Waldorf, MD 20601												
PAYROLL NO. 121.0		FOR WEEK EN 01/21/2018	IDIN	3								ilding Moder	nization- I	Phase 4			T OR CONT 64/GS11P	RACT NO. 06MKC0030)			
(1)	(2) SNOIL	(3) WORK	lь		TUE	WED TH	U FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,	\perp		17 18 S WORKI	3 19 ED EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.			
(b) (6) (b) (6)	4	Tile Setter	D 0 S		0 0 3.00		0 0 0 0 0 8.00	0 0	0	0.00 0.00 32.50	0.00 0.00 0.00 0.00 25.78 9.72		83.62	90.00	84.60	19.56	1) 0.00 2) 0.0 3) 0.0	077.70	1070.97 991240			
(b) (6) (b) (6)	4	Laborer: Common/General	D 0 8	\vdash	0 0 5.00	0	0 0 0 0	0 0	0	0.00 0.00 7.50	0.00 0.00 0.00 0.00 26.00 0.00		83.62	90.00	84.60	19.56	1) 0.0 2) 0.0 3) 0.0	077.70	1070.97 991240			
(b) (6)	5	Laborer: Common/General	D 0 s	\vdash	0 0 8.00		0 0 0 0 0 8.00	0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 30.00 0.00		83.70	80.00	79.81	19.57	1) 0.0 2) 0.0 3) 0.0	000.00	1086.92 991241			
(b) (6)	1	Laborer: Common/General	D 0 s	\vdash	0 0 8.00	0	0 0 0 0 0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 22.00 0.00	1 / 1	52.55	80.00	39.00	12.29	1) 0.0 2) 0.0 3) 32.4	0 040.05	663.75 991278			
Other Deduction Detail: Health & Dent	ai Insur	ance: 32.41																				

Date January 25th, 2018	(b) WHIEDE EDINGE DENIETITE ADE DAID IN CACH
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _(b) (6) Payroll Supervisor (Title)	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Herbert Hoover Building Modernization-; that during the payroll period commencing on the Phase 4 (Building or Work)	
15th day of January , 2018 , and ending the 21st day of January , 2018	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14,Payroll #121
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE:
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	(b) (6) Payroll Supervisor Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											ADDRESS 2320 Old Washington Road Waldorf, MD 20601											
PAYROLL NO. 120.0		FOR WEEK EN 01/14/2018	IDIN	G								ION ilding Moder	nization- F	Phase 4			T OR CONTE	RACT NO. 06MKC0030				
(1)	(2) SNOL	(3)	OT or DT		TUE		HU F	RI SA	T SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	2	(9) NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			10 1 WORK			3 14 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.			
(b) (6)	4	Laborer: Common/General	D 0 S	0	0 8.00	0 0 8 00 8	0 0 0 6	0	0 0	0.00 0.00 37.50	0.00 0.00 0.00 0.00 26.00 0.00		64.48	55.00	73.66	15.08	1) 0.00 2) 0.00 3) 75.00	000.00	756.78 991008			
Other Deduction Detail: Simple IRA: 75		Laborer: Common/General	D 0 s	0	0 0 7.00	0 0 8.00 8.	0 0 00 6	0	0 0 0	0.00	0.00 0.00 0.00 0.00 27.00 0.00		64.95	79.00	65.55	15.19	1) 0.00 2) 0.00 3) 82.41	207.40	772.90 991075			
Other Deduction Detail: Health & Denta		Laborer:	50.00	0	0	0	0	0	0 0		0.00 0.00	1 4					1) 0.00	1				
(b) (6)	0	Common/General	0 S		7.00	0	0		0 0	0.00	0.00 0.00 22.00 0.00	901.90	53.91	124.00	43.64	12.61	2) 0.00 3) 32.41		635.33 991084			
Other Deduction Detail: Health & Denta	l Insura	ance: 32.41																				
(b) (6) (b) (6)	4	Laborer: Common/General	D O S	0	0 8.00		0 0 0 6	0	0 0 0 0		0.00 0.00 0.00 0.00 26.00 0.00	/	64.48	66.00	60.05	15.08	1) 0.00 2) 0.00 3) 0.00	005.04	834.39 991085			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc.											l A	ADDRESS		d Washington , MD 20601	n Road							
PAYROLL NO. FOR WEEK ENDING 120.0 01/14/2018										PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 G14.164/GS11P06MKC0030												
(1)	(2) SNIO	(3)		1 ⊢	MON			AND E				Vashingt ⁽⁵⁾	on, DC (6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Lo 2) Lo		1	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WO CLASSIF	ORK FICATION	ST, O		9 HOURS		11 ·		13 ·	14	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)	5	Laborer: Common/Ger	eneral	D O	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	78.89	90.00	73.65	18.46	1) 2) 3)	0.00 0.00 0.00	261.00	1011.56
(b) (6)				S	0	0	7.00	0 6	5.50	0	0	13.50	30.00 0.00	1272.56								991086
(b) (6)	1	Laborer: Common/Ger	eneral	D O	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	52.55	100.00	39.00	12.29	1) 2) 3)	0.00 0.00 32.41	236.25	643.75
(b) (6)				S	8.00	8.00	8.00	7.00 6	6.50	0	0	37.50	22.00 0.00	880.00					\perp			991120
Other Deduction Detail: Health & De	ntal Insur	ance: 32.41																				

Date January 18th, 2018	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I,	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the (Contractor or Subcontractor) Herbert Hoover Building Modernization—; that during the payroll period commencing on the Phase 4 (Building or Work) 8th day of January—, 2018—, and ending the 14th day of January—, 2018 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture)—from the full (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below: FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA	(c) EXCEPTIONS
 (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been 	REMARKS Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #120 NAME AND TITLE: SIGNATURE: Signed Electronically
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.